

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

APR 02 2018

LAWRENCE K. BAERMAN, CLERK  
ALBANY

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK**

----- )  
**ROBERT CRAIG CASSIDY, d/b/a/ )  
MOUNTAIN TIME AUCTIONS, ANTIQUES, )  
and MATTRESSES )**

**PLAINTIFF**

**vs.**

**ERIC MADOFF, EXECUTIVE DIRECTOR, )  
NEW YORK STATE INSURANCE FUND; )**

**CLARISSA M. RODRIGUEZ, CHAIR, )  
NEW YORK WORKER'S COMPENSATION )  
BOARD; )**

**JEFF MERSMANN, PRESIDENT, PIONEER )  
CREDIT RECOVERY, INC., A NAVIANT )  
COMPANY. )**

**DEFENDANTS**

**CIVIL CASE NO.:**

**8:18-cv-394 (BKS/DJS)**

**CIVIL RIGHTS  
COMPLAINT**

**PURSUANT TO  
42 U.S.C. 1983**

**and  
18 U.S.C. 1962**

**PLAINTIFF DEMANDS A TRIAL BY JURY**

PLAINTIFF in the above captioned action alleges as follows:

**JURISDICTION**

1. This is a civil action seeking relief and damages to defend and protect the rights guaranteed by the Constitution of the United States and by an act of the Congress of the United States. This action is brought pursuant to 42 U.S.C. 1331, 1343(3) and (4) and 2201; 42 U.S.C. 1985(3); and

( 1 )

18 U.S.C. 1962 (a), (b), and (d).

### **DIVERSITY JURISDICTION**

2. PLAINTIFF Robert Craig Cassidy resides at and has resided at 43 Pleasant Street, City of Rutland, County of Rutland, State of Vermont since January 1976.

3. PLAINTIFF carries a Vermont driver's license, drives a motor vehicle registered in the State of Vermont, has voted in Vermont municipal and state-wide elections for more than 40 years, and has filed Vermont and Federal income tax returns with a Vermont address also for more than 40 years and was honorably discharged from the U.S. Army to Rutland, Vermont in 1973.

4. Defendant Eric Madoff, Executive Director and Chief Executive Officer of the New York State Insurance Fund, 1 Watervliet Avenue Extension, Albany, New York 12206-5790 (hereinafter known as NYSIF) is an organ of the New York State Government located in Albany County, New York.

5. Defendant Clarissa M. Rodriguez, Chair, Worker's Compensation Board, 328 State Street, Schenectady, New York 12305-2318 (hereinafter known as NYBOARD) is an organ of the New York State government located in Schenectady County, New York.

6. Defendant Jeff Mersmann, President, Pioneer Credit Recovery, Inc., a Navient Company, 26 Edward Street, Arcade, New York 14009 (hereinafter known as PIONEER) is located in Wyoming County, New York. On January 8, 2018 PIONEER's internet web site stated in part "Pioneer employees more than 1,000 professionals in state-of-the-art collection facilities in New York, Florida, and New Jersey." Vermont is not mentioned.

7. On information and belief, PLAINTIFF believes Diversity Jurisdiction exists.

## **BACKGROUND**

8. There came a time in 2013 when PLAINTIFF joined American Legion Post 224 located at 104 Montcalm Street, Ticonderoga, New York 12883.
9. During the summer of 2015 PLAINTIFF became aware that a very small auction house entitled Mountain Time Furniture and located at 105 Montcalm Street, Ticonderoga, New York was for sale as the owner had been called to become a minister of the Holy Gospel.
10. PLAINTIFF purchased the Mountain Time business for \$85,000.00 from Richard Harker.
11. On August 19 2015 PLAINTIFF and Richard Harker traveled to Elizabethtown, New York where Harker rescinded Mountain Time Furniture's business certificate and PLAINTIFF filed a new business registration certificate for Mountain Time Auctions, Antiques, and Mattresses, a personal proprietorship. Richard Harker and family left New York State and moved to the State of Colorado.
12. On September 16 2015 PLAINTIFF mailed back to NYSIF its bill 50661851 which indicated PLAINTIFF's credit balance of \$210.84. PLAINTIFF wrote that "ROBERT CRAIG CASSIDY DBA MONTAIN TIME AUCTIONS" was the new owner of the business and building at 105 Montcalm Street and asked NYSIF to update their records and change workman's compensation policy ownership. (SEE EXHIBIT ONE)
13. On October 29 2015 NYSIF employee Mr. Titian Dion replied to PLAINTIFF with a U-3 v4 form requesting eleven separate actions needed to transfer owner's name, business title, and Federal Tax number for Mountain Time Auctions.  
(SEE EXHIBITS TWO, THREE, FOUR)

14. On November 3 2015 PLAINTIFF mailed the signed, completed U-3 v4 form to NYSIF.

15. As of March 30 2018 PLAINTIFF has never been notified that the requested changes were ever made. In total PLAINTIFF submitted one name and address change (SEE EXHIBITS EIGHT (2) & (3)), one U-3 v4 form , PLAINTIFF's insurance agent Submitted one U-3 v4 Form, Richard Harker submitted one U-3 v4 form, one personal telephone conversation between PLAINTIFF and Mr. Dion took place, and at least three premium payments were made by PLAINTIFF to NYSIF. A claim for employee injury was also processed. (SEE EXHIBIT FIVE). Note that NYSIF employee William J. Farnan addressed this confirmation email to [VTCASSIDY@AOL.COM](mailto:VTCASSIDY@AOL.COM) not to Richard Harker.

"VTCASSIDY" is PLAINTIFF Robert Craig Cassidy's internet name.

Richard Harker during a visit to Ticonderoga in July 2016 filed his U-3 v4 (EXHIBIT SIX). PLAINTIFF has never been notified that despite all the paperwork filed a policy Federal tax number change was ever made by NYSIF.

16. Defendant NYSIF converted to its own use PLAINTIFF's \$210.84 credit account balance(EXHIBIT ONE); a payment of \$246.56 made to insurance broker Darlene Dorsett on December 15 2015 and acknowledged by NYSIF on March 10 2016 bill(EXHIBITS SEVEN and EIGHT); a payment by check 10183 on April 5 2016 in the amount of 300.70(EXHIBITS EIGHT AND NINE); and a payment made on May 28 2016 by check 10178 in the amount of \$220.46(EXHIBITS TEN AND ELEVEN). The \$300.70 payment was accepted for THE RENEWAL OF WORKMAN'S

COMPENSATION POLICY A 1351 815-4 for 2016-2017(emphasis mine). The 220.46 payment was an installment on workman's compensation policy A 1351 815-4 for 2016-2017. PLAINTIFF has in hand receipts for all these payments.

While depositing PLAINTIFF's monies and settling claim 68495290, NYSIF maliciously refused to change the federal identification number on workman's compensation policy A 1351 815 4.

17. PLAINTIFF filed a "PAYROLL REPORT" form DP 517 v1 via certified mail 7015 0640 0002 2353 3784 on July 19 2016 and has tracking information to prove its delivery to NYSIF. (SEE EXHIBIT TWELVE)

18. On June 2 2016 NYBOARD issued a \$12,000.00 penalty notice to PLAINTIFF alleging that PLAINTIFF had not carried worker's compensation insurance since September 2015. No hearing was held, no evidence presented, no unbiased referee was employed, no written findings of fact were supplied, no due process rights were granted PLAINTIFF. (SEE EXHIBIT THIRTEEN) PLAINTIFF is bitterly amused by the fact that on June 2, 2016, the very day NYBOARD fined PLAINTIFF \$12,000.00 for not having workman's compensation insurance, PLAINTIFF's premium check for May 28 2016 cleared PLAINTIFF's bank account(SEE EXHIBIT ELEVEN).

19. On Plaintiff's appeal (EXHIBITS FOURTEEN, FIFTEEN,SIXTEEN, SEVENTEEN), NYBOARD informed PLAINTIFF that ONLY the presentation to NYBOARD of a policy with PLAINTIFF's federal tax number on it would mitigate the penalty which had grown to 18,000.00. (EXHIBIT EIGHTEEN)

NYBOARD's reply to PLAINTIFF's appeal was arrogantly non-responsive and ignored facts supplied by PLAINTIFF.

20. NYSIF, of course, for nine months had maliciously denied PLAINTIFF a change of federal tax number even as it took PLAINTIFF's funds and refused PLAINTIFF's attempts to change Harker's Federal account number to PLAINTIFF's Federal number.

21. During the last week of December 2016 PLAINTIFF received a second penalty notice from NYBOARD raising the penalty to \$22,000.00. Again, no hearing was held, no evidence presented, no written findings of fact, and no unbiased referee was employed. PLAINTIFF's gross payroll for the quarter ending December 31, 2016 was less than \$2,000.00. Clearly NYBOARD'S action put PLAINTIFF out of business.

22. In PLAINTIFF's mailbox with the NYBOARD penalty notice was a notice from PIONEER claiming a \$ 4,840.00 fee for collecting PLAINTIFF's "delinquent" account.

23. PIONEER's \$4840.00 notice was POSTMARKED THE SAME DAY (emphasis mine)(SEE EXHIBITS NINETEEN AND TWENTY) as NYBOARD's \$22,000.00 penalty notice.

Both NYBOARD'S penalty notice and PIONEER's bill were dated December 21 2016. (EXHIBITS TWENTY-ONE AND TWENTY-TWO) PLAINTIFF was given no chance to contest or pay \$22,000.00 penalty before PIONEER claimed its fee.

24. PIONEER knew of NYBOARD's penalty levy before PLAINTIFF knew, and PLAINTIFF wonders how an amount unknown to PLAINTIFF could possibly be "delinquent" ??

PIONEER's fee envelope was postmarked approximately 646 miles south of NYBOARD's location in Albany on the same day. PIONEER violated PLAINTIFF's due process rights by maliciously colluding with NYBOARD.

25. As of March 29 2018 no workman's compensation insurance policy cancellation notice has been received by PLAINTIFF further violating due process rights. Receipt of a cancellation notice would have given PLAINTIFF a date certain to make payment and avoid cancellation, but this was not in the scheme of defendants.

25. Malicious negligence on the part of NYSIF has caused NYBOARD to charge PLAINTIFF \$22,000.00 in unearned penalties and PIONEER has claimed \$4,840.00 in fees all without hearing, evidence presented, written findings of fact, or the decision of a neutral referee.

27. Defendant NYBOARD appears to operate in collusion with NYSIF in the arranging of penalty schemes. In fact a New York State website refers to NYSIF and NYBOARD as "The Players in the System." (SEE EXHIBIT TWENTY-THREE) NYSIF damages responsible firms and individuals and NYBOARD swoops in with its huge penalties levied without due process. PIONEER then colludes with NYBOARD to make a minimum levy 122% of penalty levied- all without due process.

28. On February 21 2018 Plaintiff received a "Statement" from NYBOARD which reads in part "\*The Total Due in Summary Section includes \$22,500.00 net due in judgments obtained in New York State Supreme Court."(SEE EXHIBIT TWENTY-FOUR) PLAINTIFF has never been summoned to New York State Supreme Court in this matter. It appears not even the courts of New York State respect due process.

29. Given the immense (and deadly) penalty power apparently wielded by NYBOARD, PLAINTIFF argues that "The Players in the System" must have clean hands, which PLAINTIFF asserts these three cabal members clearly do not. These three defendants must not be allowed to violate the due process requirements of the United States

( 7 )

Constitution and the RICO statute passed by the Congress of the United States.

### **CAUSES OF ACTION ON DEFENDANT NEW YORK STATE INSURANCE FUND**

30. NYSIF violated the United States Constitution's procedural due process rights by denying PLAINTIFF an unbiased tribunal; denying notice of proposed action and the grounds asserted for it; denying opportunity to present reasons why the proposed action should not be taken; denying the right to present evidence and call witnesses; denying the right to know opposing evidence; denying the right to cross-examine adverse witnesses; denying the right to a decision based exclusively on evidence presented; denying the opportunity to be represented by counsel; denying the requirement that a tribunal prepare a record of evidence presented; and denying the requirement that a tribunal prepare written findings of fact and reasons for its decision.

31. NYSIF regulations and enabling law are too vague and confusing for an average citizen to understand thus depriving PLAINTIFF and a similar class of persons of the right to due process.

32. Since NYSIF appears to have properly serviced some citizens and granted them rights and benefits not granted Plaintiff, defendant NYSIF has maliciously denied equal protection and due process to PLAINTIFF.

## **CAUSES OF ACTION ON DEFENDANT NEW YORK WORKER'S COMPENSATION BOARD**

33. Defendant NYBOARD levied without hearing an initial \$12,000.00 penalty upon PLAINTIFF without notice or warning thus depriving PLAINTIFF of an unbiased tribunal to hear dispute; of any notice of the proposed action and grounds asserted for it; of any opportunity to present reasons and evidence why proposed action should not be taken; of the right to present evidence and call witnesses; of the right to know opposing evidence; of the right to cross examine adverse witnesses; of a decision based exclusively on evidence presented; of the opportunity to be represented by counsel; of the requirement that a record of evidence presented be prepared; of the requirement that the fact finding tribunal prepare written findings of fact and reasons for its decision.

34. PLAINTIFF is astounded that the NYBOARD can, in arrogance, levy huge penalties at whim without due process or citizen recourse. PLAINTIFF pleads that the District Court halt NYBOARD's levy power until such time as due process reforms can be made.

35. NYBOARD by obtaining "\$22,500.00 net due in judgments " from the New York State Supreme Court (SEE EXHIBIT TWENTY-FIVE) without notice of hearing to PLAINTIFF, denying PLAINTIFF any opportunity to present evidence, hiding opposing evidence from PLAINTIFF, denying PLAINTIFF right to cross examine witnesses, denying PLAINTIFF a record of the proceedings, and failing to provide PLAINTIFF with written findings of fact has made a mockery of due process.

36. NYBOARD's enabling law and regulations are too vague and confusing for an

average citizen to understand thus depriving PLAINTIFF and a similar class of persons of their constitutional right to due process.

37. NYBOARD appears to have served some citizens properly or it would not exist. NYBOARD has therefore granted rights to some citizens and maliciously denied those rights to PLAINTIFF denying PLAINTIFF equal rights and due process guaranteed by the Constitution of the United States.

**CAUSES OF ACTION ON DEFENDANT NUMBER THREE,  
PIONEER RECOVERY SYSTEMS, INC.**

38. Defendant PIONEER violated PLAINTIFF's due process rights by colluding with defendant NYBOARD to deny PLAINTIFF any ability to pay \$22,000.00 penalty assessed by NYBOARD without incurring PIONEER's twenty-two percent collection fee of \$4,840.00.

39. NYBOARD and PIONEER exchanged information on alleged amount PLAINTIFF "owed" days before NYBOARD notified PLAINTIFF of \$22,000.00 penalty .

40. PIONEER by colluding jointly with NYBOARD to defraud is acting under the "color of law" for the purposes of 42 U.S.C. 1983.

41. PIONEER states in its collection notice "Your delinquent fines and fees totaling \$22,000.00 are due in full." PIONEER deserves a chance to tell a jury how \$22,000.00 can be delinquent before PLAINTIFF even receives notice and demand from NYBOARD!

42. PIONEER's collection letter reads in part "Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume the debt is valid. If you notify this office that you dispute

the validity of this debt or any portion thereof, this office will obtain verification of the debt, and mail you a copy of such verification.”

43. PLAINTIFF notified PIONEER on January 23 2017 by certified mail of PLAINTIFF’s dispute to the validity of the debt. As of March 29 2018 no reply to PLAINTIFF’s request from PIONEER has been received and no “verification” has arrived further denying PLAINTIFF due process.(EXHIBIT TWENTY-SIX).

**CAUSES OF ACTION AGAINST ALL DEFENDANTS UNDER  
18 U.S.C. 1962  
THE RICO ACT**

44. PLAINTIFF believes that under 18 U.S.C. 1962 defendants must engage in two acts or a pattern of racketeering activity as defined in 18 U.S.C. 1961. PLAINTIFF must be involved in interstate commerce.

45. PLAINTIFF sells vintage used merchandise and new mattresses to the public. Eighty percent of the vintage merchandise in PLAINTIFF’s store was shipped from Rutland, Vermont to Ticonderoga, New York crossing state line at Whitehall, New York.

46. One hundred percent of new mattresses, mattress foundations, and metal mattress frames were purchased largely in Pennsylvania from the Symbol Mattress Company and shipped by common carrier over the New York State border to Ticonderoga. PLAINTIFF clearly engages in interstate commerce.

47. “Racketeering activity” under 18 USC 1961 includes extortion. 18 USC 1951 defines extortion as “...the obtaining of property from another, with his consent, induced

by wrongful use of actual or threatened force, violence, or FEAR, UNDER COLOR OF OFFICIAL RIGHT” (emphasis mine).

48. PLAINTIFF alleges that since the levying of the initial \$12,000 penalty was illegal given the malicious denial by NYSIF of a simple change in Federal tax number, NYBOARD violated the extortion statute 18 USC 1951 (b) (2) by wrongful use of fear under color of official right in an attempt to collect \$12,000 from PLAINTIFF after which NYBOARD would kindly allow PLAINTIFF to remain in business.

49. NYBOARD committed a second violation of 18 USC 1951 (b) (2) in December 2016 when it increased its penalty demand to \$22,000 which, after receiving said amount, NYBOARD would then kindly allow PLAINTIFF to remain in business.

50. NYBOARD twice violated 18 US CODE 1341 by placing in the US Mail both extortion notices, first for \$10,000 and later for \$22,000.

51. Defendant PIONEER violated 18 US CODE 1341 by placing in the US Mail a letter demanding \$4840 from PLAINTIFF which money was not owed due to malicious interference of co-conspirator NYSIF in the simple transfer of PLAINTIFF’s workman’s compensation policy Federal tax number. Further, PIONEER colluded with co-conspirator NYBOARD to obtain alleged debt information about PLAINTIFF from NYBOARD before PLAINTIFF was aware of such information.

52. There came a time in October 2015 when a PLAINTIFF employee was injured in a fall and PLAINTIFF submitted a workman’s compensation claim to pay for X-rays. Defendant NYSIF in March 2016 under Loss Record Number 68495290 created Transaction Number NP20991345C162PBD to pay the claim under the Harker’s, the

previous owner's, Federal tax number thereby committing wire fraud under 18 USC 1343 as NYSIF used the internet to process the claim. The transaction was knowingly fraudulent as since 18 September 2015 NYSIF was aware that PLAINTIFF was the only company in existence at 105 Montcalm Street in Ticonderoga, the previous owner Harker having turned in his business license in Elizabethtown New York on 19 August 2015 and moved to the State of Colorado.. In addition, the injured employee was on the PLAINTIFF's payroll as documented and could not have been working for Harker's no-longer existing company in October 2015.

Motive? To pay claim under PLAINTIFF's Federal tax number would acknowledge PLAINTIFF's workman's compensation policy existence and would have negatively impacted the scheme of NYSIF and NYBOARD to claim PLAINTIFF had no workman's compensation insurance since September 2015.

53. In violation of 18 USC 1962 (a), Defendants NYSIF and NYBOARD have converted to their own use the initial credit balance on PLAINTIFF's NYSIF account and the monies PLAINTIFF paid for premiums, all the while maliciously denying PLAINTIFF a change in workman's compensation policy Federal tax number and further maliciously denying existence of Workman's Compensation Policy coverage of PLAINTIFF.

54. NYBOARD has fraudulently charged huge, business killing and life altering penalties to a compliant business which action has caused PLAINTIFF severe physical and emotional distress.

55. On March 4 2017 Plaintiff was a vendor at a toy show at the Polish Community Center on Washington Avenue Extension in Albany, New York. Fearing

seizure of his vehicle and inventory by agents of NYBOARD or Sheriff deputies to satisfy NYBOARD's \$22,000 alleged penalty, distracted PLAINTIFF did not notice that the rear door of his box truck had only half opened due to the cold weather. Running up the truck's ramp, Plaintiff struck his head on the half-closed door, and, stunned, took an uncontrolled three foot fall into the frozen parking lot. Toy show officials cleaned the bloody face of PLAINTIFF and, on March 6 2017 PLAINTIFF was treated for concussion at Rutland (Vermont) Regional Medical Center.

56. Having received no relief from the December 2016 NYBOARD \$22,000.00 penalty decision, PLAINTIFF laid off his employee as it was unlawful to have employees without Workman's Compensation Insurance. PLAINTIFF attempted to run his business as a sole proprietor, but, after eleven months, PLAINTIFF's seventy-five year old body cannot carry the workload (and the 70 pound mattresses) any longer.

57. On December 4 2017 PLAINTIFF's cardiologist informed PLAINTIFF that heart damage had occurred. Working alone forty to sixty hours per week would no longer be possible.

58. NYBOARD and its cabal have injured PLAINTIFF both physically and emotionally to the point that PLAINTIFF cannot continue in business. PLAINTIFF seeks relief from conspirators' abuse and compensation for defendants' malicious actions.

### **Relief sought**

59. PLAINTIFF asks the District Court to forthwith order the defendants individually and collectively to halt any and all collection actions against PLAINTIFF until such time as a full, evidentiary hearing can be held on this complaint.

60. PLAINTIFF asks District Court to find the penalties brought against PLAINTIFF by defendants were obtained by malicious indifference to due process and indifference to the RICO statute and are null and void.

61. To compensate PLAINTIFF for the loss of peaceful enjoyment of his business and injuries to his physical and emotional health, PLAINTIFF seeks damages of \$150,000.00.

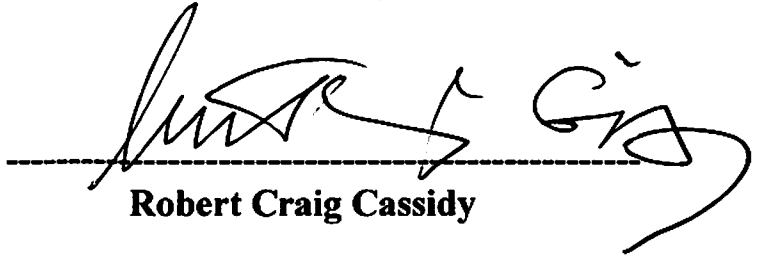
62. PLAINTIFF asks the District Court to consider referral of this matter to the appropriate U.S. Attorney's office for examination. The manner in which these defendants operate should cause concern not only to PLAINTIFF but also to the citizens of the State of New York. PLAINTIFF's research indicates "New York was the only state that asked Congress to add 'due process' language to the U.S. Constitution." New York proposed the following amendment in 1788:

**" No Person ought to be taken imprisoned or diseased of his freehold, or be exiled or deprived of his Privileges, Franchises, Life, Liberty, or Property but by due process of Law."**

**Plaintiff earnestly pleads that the District Court will remind the State of New York of its historical roots.**

**Under the pains of perjury, Plaintiff swears that facts submitted in this  
Complaint are, to the best of his information and belief, true.**

April 2 2018  
**DATE**

  
-----  
**Robert Craig Cassidy**

PLAINTIFF'S EXHIBIT NO. ONE  
CASE NO.: \_\_\_\_\_  
IDENTIFICATION: NYSIF BILL  
ADMITTED: 50661851



New York State Insurance Fund

WORKERS' COMPENSATION

1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-888-875-5790

A 1351 815-4

107334

RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET # 1B  
TICONDEROGA NY 12883-1354

ROBERT CRAIG CASSIOY DBA  
Auctions

E STOCKTON MARTIN AGENCY INC  
84 MONTCALM ST  
TICONDEROGA NY 12883

Policy Number	Group Number	Bill Number	Bill Date	Minimum Amount Due
A 1351 815-4	90	50661851	09/10/2015	\$0.00

Previous Balance	Payments Received	Other Credits	New Charges	Other Debits	Current Balance
\$356.65CR	\$0.00	\$0.00	\$145.81	\$0.00	\$210.84CR

## Workers' Compensation Activity Period - 08/11/2015 to 09/10/2015

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
August 10, 2015		Previous Balance		\$356.65-
New Charges				
September 10, 2015	P355640	Installment 6 of 9 (04/10/2015)	\$145.81	
		Account Balance		\$210.84-
>>>Your current Total Account Balance is \$437.40. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

(17)



New York State Insurance Fund

[0001-000013518154][##A]

RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET # 1B  
TICONDEROGA NY 12883-1354

PLAINTIFF'S EXHIBIT NO. TWO  
CASE NO.:  
IDENTIFICATION: TITIAN DION LETTER  
ADMITTED:

Date: 10/29/2015

WC Policy: 1351815 - 4

Re: ROBERT CRAIG CASSIDY DBA

Dear Sir/Madam:

We are advised that you are now operating under the name that is listed above. In order that you may be properly protected under the policy, it is essential that you fill out the enclosed **Transfer of Interest forms**. Please return one copy and retain the other for your own records.

For information we desire, please refer to the corresponding items numbered on the left hand margin of the enclosed forms.

1. Give the exact date on which the business was transferred.
2. Print the name of the new firm, **INCLUDING THE FEDERAL ID NUMBER**.
3. Give business address of the new firm.
4. Indicate appropriate form of ownership of new firm.
5. One member of the old firm transferring the interest must sign.  
Give member's title. If a corporation, the seal of the old firm must be affixed at space provided.
- 6a. Print the name of the new firm.
- 6b. If new firm is an **INDIVIDUAL** - Owner must sign.  
If new firm is a form of **PARTNERSHIP** or **LIMITED LIABILITY COMPANY**, one member must sign.  
If new firm is a **CORPORATION** - An executive officer must sign. Give officer's title. **CORPORATE SEAL** must be affixed at the space provided. Executive officers must be covered pursuant to the mandatory provisions of the Workers' Compensation Law.
7. Indicate the nature of business, product sold, and materials used.
8. Indicate location of the entity.
9. Indicate the total number of employees.
10. Indicate the anticipated annual payroll.
11. List the full names, addresses, duties, and salaries of all principals of the new firm accepting the interest.

**Upon receipt of this form properly completed**, we will issue an endorsement effecting the transfer of the policy, unless the conditions are such that the interest cannot be transferred.

Very truly yours,

Titian Dion

Phone (518) 437-6497

Fax: (518) 437-8910

Email: tdion@nysif.com

cc: E STOCKTON MARTIN AGENCY INC

(18)



00000000000024443222



New York State Insurance Fund

# ASSIGNMENT OF INTEREST AGREEMENT

WC Policy: 1351815 - 4

(1). It is understood and agreed that, effective 12:01 A.M.

19 August 2015

(DATE OF CHANGE OF INTEREST)

subject to all the agreements, conditions and limitations as hereunder expressed, the above captioned policy is hereby

(2). assigned to ROBERT CRAIG CASSIDY D/B/A MOUNTAIN TIME AUCTIONS, ANTIQUES AND MATTRESSES F.E.I.N. 47-5236656  
(NAME OF NEW FIRM - ASSIGNEE)

(3). whose business address is 105 MONTCALM ST, TICONDEROGA NY 12883  
(NUMBER) (STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

(4). The new form of ownership is indicated by an X:

☒ Individual ☐ Copartnership ☐ Corporation ☐ Receiver ☐ Trustee ☐ Estate ☐ Other

For the purpose of serving notice, as provided in the Workers' Compensation Law, this insured employer agrees that written notice sent to the above address shall constitute valid notice.

It is understood and agreed that if the new insured employer is a corporation (other than a religious, charitable, edu-

PLAINTIFF'S EXHIBIT NO. THREE

CASE NO.:

IDENTIFICATION: U-3 V4 FORM(1)

ADMITTED:

Nothing herein contained shall be held to waive, alter, vary or extend any of the stipulations, agreements or limitations of this policy except as herein stated.

The State Insurance Fund shall not be bound by the assignment of interest agreement as herein set forth, unless it consents thereto in writing, such consent to be evidenced by an endorsement which shall be attached to and form part of

RICHARD D. HARKER D/B/A

WC Policy: 1351815 - 4

Issued to: MOUNTAIN TIME FURNITURE  
(NAME OF FIRM TRANSFERRING INTEREST)

(5). OLD FIRM SIGN HERE:

Barbara J. Norton General Manager  
(A MEMBER OF OLD FIRM MUST SIGN PERSONALLY) - TITLE

(6a). NEW FIRM PRINT HERE:

ROBERT CRAIG CASSIDY D/B/A MOUNTAIN TIME AUCTIONS, ANTIQUES AND MATTRESSES  
(PRINT NAME OF FIRM ACCEPTING INTEREST)

(6b).

SIGN HERE:

[Signature] Proprietor  
(A MEMBER OF THE NEW FIRM MUST SIGN PERSONALLY) - TITLE  
List below the full names of all members of the new firm accepting interest.

CORPORATE  
SEAL  
OF ENTITY  
TRANSFERRING  
INTEREST

(19)

CORPORATE  
SEAL OF  
ENTITY  
ACCEPTING  
INTEREST



New York State Insurance Fund

## INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE

Policy Number: 1351815 - 4

Entity Name: MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES

(7). Nature of Business of this Entity

RETAIL SALE OF MATTRESSES AND HOUSEHOLD AUCTION HOUSE

(8). Location of this Entity 105 MONTCAHN ST., TICONDEROGA, N.Y. 12883

(9). Number of Employees 2 (10). Annual Payroll 9,000.00

(11). Name of Executive Officer/Partner or Member/Sole Proprietor Duties

ROBERT CRAIG CASSIDY

Home Address

Salary \$

43 PLEASANT ST.  
RUTLAND, VT 05701

Name of Executive Officer/Partner or Member

Duties

Home Address

Salary \$

PLAINTIFF'S EXHIBIT NO. Four

CASE NO.:

IDENTIFICATION: U-3 V4 FORM (2)

ADMITTED:

Duties

Salary \$

Duties

Home Address

Salary \$

Name of Executive Officer / Partner or Member

Duties

Home Address

Salary \$

I hereby certify that the information given above is completed and accurate in every detail.

Signature of Executive Officer/Partner or Member/Sole Proprietor

Date

11-3-2015

Subj: **WORKERS COMPENSATION REPORTING**  
Date: 3/11/2016 11:26:30 A.M. Eastern Standard Time  
From: [wfarnan@nysif.com](mailto:wfarnan@nysif.com)  
To: [VTCASSIDY@AOL.COM](mailto:VTCASSIDY@AOL.COM)  
CC: [kleffler@nysif.com](mailto:kleffler@nysif.com), [tcowles@nysif.com](mailto:tcowles@nysif.com)

Good morning,

Per our conversation, please use this link:

<https://www.nysif.com/efroi/reportaninjuryentry.aspx> to file the  
*Employers' Report of Injury* for the incident involving WILLIAM C. NORTON's  
accident of 10/28/2015.

The Loss ID# for this case is 68495290. You will be asked to enter it when  
you begin to file the report.

The policy number to use is 13518154

If you have any questions, please feel free to call me directly.

William J. Farnan

CuSRII

First Report of Injury - eFROI

Albany Business Office

New York State Insurance Fund

Telephone: (518)437-8050

Fax : (518) 437-8043

This e-mail transmission contains confidential information that is the property of the sender. If you are not the intended recipient, you are notified that any retention, disclosure, reproduction or distribution of the contents of this e-mail transmission, or the taking of any action in reliance thereon or pursuant thereto, is strictly prohibited. No warranty is given by NYSIF that this e-mail is free of viruses, interception or interference. NYSIF disclaims liability for any unauthorized opinion, representation, statement, offer or contract made by the sender on behalf of NYSIF. Jurisdiction for all actions arising out of dealings with NYSIF shall lie only in a court of competent jurisdiction of the State of New York.

PLAINTIFF'S EXHIBIT NO. FIVE  
CASE NO.: \_\_\_\_\_  
IDENTIFICATION: W/C INJURY CLAIM  
ADMITTED: \_\_\_\_\_

(21)

**NYSIF**New York State Insurance Fund**ASSIGNMENT OF INTEREST AGREEMENT**

WC Policy: 1351815 - 4

(1). It is understood and agreed that, effective 12:01 A.M.

08/28/2015  
(DATE OF CHANGE OF INTEREST)

subject to all the agreements, conditions and limitations as hereunder expressed, the above captioned policy is hereby

(2). assigned to ROBERT CRAIG CASSIDY F.E.I.N. 47-5236656  
(NAME OF NEW FIRM - ASSIGNEE)(3). whose business address is 105 MONTCALMST TICONDEROGA, NY 12883  
(NUMBER) (STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

(4). The new form of ownership is indicated by an X:

☒ Individual ☐ Copartnership ☐ Corporation ☐ Receiver ☐ Trustee ☐ Estate ☐ Other*For the purpose of serving notice, as provided in the Workers' Compensation Law, this insured employer agrees that written notice sent to the above address shall constitute valid notice.*

It is understood and agreed that if the new insured employer is a corporation (other than a religious, charitable, educational or municipal corporation or post or chapter of veterans of any war of the United States) premium will be charged for coverage of all executive officers, whether active or inactive, in accordance with the rules of the Manual of Workers' Compensation Insurance. However, if the corporation has only one or two executive officer(s) who also own(s) 100% of the stock and there are no inactive executive officers, the corporation may elect to delete coverage for such executive officer(s).

The assignee named herein, upon the acceptance of this agreement, warrants that he (it or they) is (are) in lawful possession of the policy and is legally entitled to an assignment of the interest of the insured therein named and said assignee agrees to accept such policy and all endorsements duly issued thereunder and assume all obligations therein expressed from the effective date hereinabove mentioned, including liability and responsibility for the payment of any premiums or additional premiums and/or be entitled to any refund which may become due on account of this policy up to the effective date of this assignment of interest agreement.

Nothing herein contained shall be held to waive, alter, vary or extend any of the stipulations, agreements or limitations of this policy except as herein stated.

The State Insurance Fund shall not be bound by the assignment of interest agreement as herein set forth, unless it consents thereto in writing, such consent to be evidenced by an endorsement which shall be attached to and form part of

WC Policy: 1351815 - 4 Issued to: MOUNTAIN TIME FURNITURE  
(NAME OF FIRM TRANSFERRING INTEREST)(5). OLD FIRM SIGN HERE: [Signature] (DBA)  
(A MEMBER OF OLD FIRM MUST SIGN PERSONALLY) - TITLE(6a). NEW FIRM PRINT HERE: MOUNTAIN TIME AUCTIONS ANTIQUES & MATRASSES  
(PRINT NAME OF FIRM ACCEPTING INTEREST)(6b). SIGN HERE: [Signature] PROPRIETOR  
(A MEMBER OF THE NEW FIRM MUST SIGN PERSONALLY) - TITLE  
List below the full names of all members of the new firm accepting interest.CORPORATE  
SEAL  
OF FIRMPLAINTIFF'S EXHIBIT NO. SIX

CASE NO.:

IDENTIFICATION: HARKER U-3 V4

ADMITTED:

CORPORATE  
SEAL OF  
ENTITY  
ACCEPTING  
INTEREST

0002443222

(22)

PLAINTIFF'S EXHIBIT NO. SEVEN  
CASE NO.:  
IDENTIFICATION: PAYMENT 246.56  
ADMITTED: \_\_\_\_\_



New York State Insurance Fund

## WORKERS' COMPENSATION

1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-888-875-5790

A 1351 815-4

107334

✓ RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET  
TICONDEROGA NY 12883-1354

Auctions

E STOCKTON MARTIN AGENCY INC  
84 MONTCALM ST  
TICONDEROGA NY 12883

pd  
12/15/15  
sp

Policy Number A 1351 815-4	Group Number 90	Bill Number 51086620	Bill Date 12/10/2015	Minimum Amount Due \$246.56 By 01/09/2016
-------------------------------	--------------------	-------------------------	-------------------------	---

Previous Balance \$90.78	Payments Received \$0.00	Other Credits \$0.00	New Charges \$155.78	Other Debits \$0.00	Current Balance \$246.56
-----------------------------	-----------------------------	-------------------------	-------------------------	------------------------	-----------------------------

## Workers' Compensation Activity Period - 11/11/2015 to 12/10/2015

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
November 10, 2015		Previous Balance	\$90.78	
Payment of past due amount of \$90.78 must be received by 12/24/2015 to avoid cancellation.				
New Charges				
December 10, 2015	P597813	Installment 9 of 9 (04/10/2015)	\$145.78	
December 10, 2015	4139955	Service Charge	\$10.00	
>>>Your current Total Account Balance is \$246.56. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

ROBERT CRAIG Cassidy  
(23)

- 518585-6795  
(11AM-3PM)

PLAINTIFF'S EXHIBIT NO. EIGHT

CASE NO.:

IDENTIFICATION: PAYMENT 300.70ADMITTED: RECEIPT 246.56

New York State Insurance Fund

WORKERS' COMPENSATION

1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-888-875-5790

A 1351 815-4 [14333-01][WCBILLS#-MBIL1#][01-00292]

107334

RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET # 1B  
TICONDEROGA NY 12883-1354

E STOCKTON MARTIN AGENCY INC  
84 MONTCALM ST  
TICONDEROGA NY 12883

Policy Number	Group Number	Bill Number	Bill Date	Minimum Amount Due
A 1351 815-4	90	51491655	03/10/2016	\$300.70 By 04/09/2016

Previous Balance	Payments Received	Other Credits	New Charges	Other Debits	Current Balance
\$246.56	\$246.56CR	\$0.00	\$300.70	\$0.00	\$300.70

## Workers' Compensation Activity Period - 12/11/2015 to 03/10/2016

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
December 10, 2015		Previous Balance	\$246.56	
December 22, 2015	005238	Payment Received - Thank You		\$246.56-
New Charges				
February 22, 2016	E211910	Renewal Pol. 25% Down Payment (04/10/2016 to 04/10/2017)	\$300.70	

>>>Your current Total Account Balance is \$1,202.80. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

CHECK # 10163

300.70

4-5-2016

(24)

PLAINTIFF'S EXHIBIT NO. EIGHT (2)

CASE NO.:

IDENTIFICATION: 4-5-2016 ADDRESS CHANGE

ADMITTED:



## REMITTANCE SLIP

4-5-2016

Policy No. A 1351 815-4Current Balance: \$300.70Minimum Amount Due: \$300.70Date Due: 04/09/2016

Payment Enclosed:

Insured:

RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET # 1B  
TICONDEROGA NY 12883-1354

Pay your bill at nysif.com or call 1-877-309-6028

eCHECK - no service fee

Credit card - 2.5% convenience fee by Official Payments

Return to:



NYSIF Workers' Compensation

PO Box 5238

New York, NY 10008-5238

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS  
ENTER CHANGE ON REVERSE SIDE

135181540310165149165500000030070000000300704

(25)

PLAINTIFF'S EXHIBIT NO. EIGHT (3)  
CASE NO.:  
IDENTIFICATION: 4-5-2016 ADDRESS CHANGE  
ADMITTED:

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

ROBERT CRAIG CASSIDY DBA

MOUNTAIN TIME AUCTIONS

105 MONTCALM ST.

TICONDEROGA, N.Y. 12883-1354

(26)

**Glens Falls National**

2551

Bank and Trust Company

Member FDIC

250 Glen Street • Glens Falls, NY 12801  
(518) 793-4121 • gfnational.comPage: 5 of 5  
Account: 11012922  
Date: 04/27/2016

**GIVE ME YOUR TIME, YOUR FOOD**

**MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES** 10162  
518 585-6795  
105 MONTICALLY STREET  
TICONDEROGA, NY 12883

2168 4-5 20 16

PAY TO THE ORDER OF SYMBOL MATTRESSES \$ 1,017.53

ONE THOUSAND SEVENTEEN 53 100 DOLLARS & CENTS

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR 10 PAGES [Signature]

#010162#

04/13/2016 10162 \$1,017.53

**MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES** 10163  
518 585-6795  
105 MONTICALLY STREET  
TICONDEROGA, NY 12883

5 APRIL 20 16

PAY TO THE ORDER OF NYSIF WORKER'S COMPENSATION \$ 300.70

THREE HUNDRED 70 100 DOLLARS & CENTS

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR A 1351 Q5-4 [Signature]

#010163#

04/11/2016 10163 \$300.70

NYSIF

**LIBERTY & JUSTICE FOR ALL**

**MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES** 10164  
518 585-6795  
105 MONTICALLY STREET  
TICONDEROGA, NY 12883

4-18 20 16

PAY TO THE ORDER OF William Norton \$ 45.00

Forty-Five 00 100 DOLLARS & CENTS

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR [Signature]

#010164#

04/19/2016 10164 \$45.00

**UNCOMMON-VALUE**

**MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES** 10166  
518 585-6795  
105 MONTICALLY STREET  
TICONDEROGA, NY 12883

4-21 20 16

PAY TO THE ORDER OF William Norton \$ 55.00

Fifty-Five 00 100 DOLLARS & CENTS

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR [Signature]

#010166#

04/22/2016 10166 \$55.00

PLAINTIFF'S EXHIBIT NO. NINE

CASE NO.:

IDENTIFICATION: CHECK 10163 PAID

ADMITTED:

(27)

PLAINTIFF'S EXHIBIT NO.

TEN

CASE NO.:

IDENTIFICATION:

220.46 PAYMENT

ADMITTED:



New York State Insurance Fund

EXHIBIT 7

WORKERS' COMPENSATION

1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-888-875-5790

A 1351 815-4 [14376-01][WCBILLS\_-MBIL1#][01-00114]

107334

RICHARD D HARKER DBA  
MOUNTAIN TIME FURNITURE  
105 MONTCALM STREET # 1B  
TICONDEROGA NY 12883-1354

E STOCKTON MARTIN AGENCY INC  
84 MONTCALM ST  
TICONDEROGA NY 12883

Policy Number	Group Number	Bill Number	Bill Date	Minimum Amount Due
A 1351 815-4	90	51773676	05/10/2016	\$220.46 By 06/09/2016

Previous Balance	Payments Received	Other Credits	New Charges	Other Debits	Current Balance
\$110.23	\$0.00	\$0.00	\$110.23	\$0.00	\$220.46

## Workers' Compensation Activity Period - 04/12/2016 to 05/10/2016

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
April 11, 2016		Previous Balance	\$110.23	
Payment of past due amount of \$110.23 must be received by 05/24/2016 to avoid cancellation.				
New Charges				
May 10, 2016	P985810	Installment 2 of 9 (04/10/2016)	\$100.23	
May 10, 2016	6425437	Service Charge	\$10.00	
>>>Your current Total Account Balance is \$922.10. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

(28)

# Glens Falls National

Bank and Trust Company

Member FDIC

250 Glen Street • Glens Falls, NY 12801  
(518) 793-4121 • gfnational.com

2537

Page: 3 of 4  
Account: 11012922  
Date: 06/27/2016PLAINTIFF'S EXHIBIT NO. ELEVEN

CASE NO.:

IDENTIFICATION: CHECK 10178 PAID

ADMITTED:

06/01/2016 170 \$25.00

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10177

5-26 20 16 10-25-213

PAY TO THE ORDER OF NATIONAL GRID \$ 269.44

TWO HUNDRED SIXTY-NINE 44 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR A 8901-29101

#010177#

06/01/2016 10177 \$269.44

UNCOMMON VALUE

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10181

6-10 20 16 10-25-213

PAY TO THE ORDER OF RIK HARKER \$ 415.00

FOUR HUNDRED FIFTEEN 00 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR MAY

#010181#

06/13/2016 10181 \$415.00

GIVE ME YOUR TIRED, YOUR POOR...

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10183

6-13 20 16 10-25-213

PAY TO THE ORDER OF BAN BANK NORTON \$ 57.58

FIFTY-SEVEN 58 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR

#010183#

06/14/2016 10183 \$57.58

UNCOMMON VALUE

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10178

5-28 20 16 10-25-213

PAY TO THE ORDER OF NYSIF \$ 220.46

TWO HUNDRED TWENTY 46 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR A 1351 815-4

#010178#

06/02/2016 10178 \$220.46

UNCOMMON VALUE

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10184

6-13 20 16 10-25-213

PAY TO THE ORDER OF SYMBOL \$ 636.00

SIX HUNDRED THIRTY-SIX DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR RETURNED ONE IRSK-1050

#010184#

06/21/2016 10184 \$636.00

LIBERTY & JUSTICE FOR ALL

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10179

6-1 20 16 10-25-213

PAY TO THE ORDER OF William Norton \$ 60.73

SIXTY 73 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR

#010179#

06/03/2016 10179 \$60.73

LIBERTY & JUSTICE FOR ALL

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10185

6-13 20 16 10-25-213

PAY TO THE ORDER OF William Norton \$ 152.18

ONE HUNDRED FIFTY-TWO 12 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR

#010185#

06/14/2016 10185 \$152.18

GIVE ME YOUR TIRED, YOUR POOR...

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10180

6-9 20 16 10-25-213

PAY TO THE ORDER OF William Norton \$ 130.92

ONE HUNDRED THIRTY 92 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR

#010180#

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES  
518 585-6795  
105 MONTGOMERY STREET  
TICONDEROGA, NY 12863

10186

6-14 20 16 10-25-213

PAY TO THE ORDER OF HEATHER ENOCH \$ 133.00

ONE HUNDRED THIRTY-THREE 00 DOLLARS & 00/100

GLENS FALLS NATIONAL BANK AND TRUST COMPANY  
WWW.GFNATIONAL.COM

FOR

#010186#

06/16/2016 10186 \$133.00

(29)



New York State Insurance Fund

7015 0640 0002 2353 3784

## PAYROLL REPORT

ROBERT CRAIG CASSIDY, DBA

~~RICHARD D HARKER DBA~~

MOUNTAIN TIME FURNITURE

105 MONTCALM STREET # 1B

TICONDEROGA NY 12883-1354

AUCTIONS, ANTIQUES, AND MATTRESSES

PERIOD COVERED BY REPORT

04/10/2016 To 06/23/2016

Audit # 7244984

Document #  
F5K4Z7L1J9B6Date  
07/08/2016Policy Number  
A 1351815 - 4Group #  
90

PLAINTIFF'S EXHIBIT NO.

TWELVE (1)

CASE NO.:

\*SEE BACK FOR INSTRUCTIONS

IDENTIFICATION:

PAYROLL REPORT

ADMITTED:

carriers to audit the payroll records of employers for the  
ncy and in lieu of an actual audit at this time, it is necessary  
s report is subject to verification by our auditors. The fastest  
this report online, go to [www.nysif.com](http://www.nysif.com), and click "Online

and easiest way to complete this report is online. Complete this report online, go to [www.nysif.com](http://www.nysif.com), and click "Online  
Services", then "Submit Payroll Report".

1. Nature of Business? RETAIL MATTRESS SALES + COLLECTIBLE SALES
2. Number of Locations? 1 3. Gross Annual Receipts or Revenue? 35,657.98
4. Federal Tax ID #? 47-5236656 5. Do You Employ Any Unpaid Relatives? Yes ☐ No ☒
6. Did your business have any Ownership, Entity, Address, Name, Owner/Partner/Exec Officer or Other Changes? Yes ☒ No ☐  
If you answered "Yes" to questions 5 or 6, please list the specifics in the "Details" section on the back of this form.
7. Before proceeding further, please complete the Owners/Partners/Executive Officers section and read the instructions on the back of this form.
8. Please fill in below the total gross payroll of all employees, at all locations, for all insured entities for the period 04/10/2016 to 06/23/2016. The entire gross payroll of each worker should be included within the one classification code that best describes their work duties. Please see the back of this form to determine whether to include below the salaries of owners/partners/executive officers.

Code	Classification Description	Column A		Column B	
		#Employees	#Locations	Gross Payroll * (See Instructions on Back)	
8044	FURN STORE-WHS-RETAIL & DVRS-U	2 Part Time	1	1299.00	.00
					.00
					.00
					.00

Failure to provide all of the required information by 08/07/2016, will result in additional estimated earned premium being billed.

Certification: I (we) hereby certify that the above is a true and complete statement of the full amount of all salaries, wages, earnings, and job classification for regular time, overtime, vacation pay, bonuses, and allowances earned by all persons in my employ including all executive officers, relatives, casual and part-time employees. The Workers' Compensation Law provides that any person making a false statement or representation concerning a material fact or omits a material fact is guilty of a felony.

Name: ROBERT CRAIG CASSIDY Company Relationship: OWNERSignature: [Signature]

Email: \_\_\_\_\_

Date: 7-19-2016

000000000000033915359

(30)

5/6 Details:

PLEASE NOTE DBA + FIRM NAME  
CHANGES ON PAGE 1.

7. Insert below the names, titles, description of duties, % stock or ownership & payrolls of all owners/partners/officers. If the annual salary is less than \$35,100, use \$35,100, if the annual salary exceeds \$104,000, use \$104,000, or if it is in between \$35,100 & \$104,000, list the actual salary.

NAME	TITLE	DUTIES	% STOCK OR OWNERSHIP	GROSS PAYROLL

Instructions for codes based on payroll exposure

**FOR CLASSIFICATION CODES 8044**

Enter in "Column B" of the report the gross payroll before tax deductions for all employees, including relatives, for which this classification applies. Be sure to include payroll of all employees at all your locations. Payroll includes the full amount wages, including overtime at the regular rate of pay, the value of meals and lodging to the extent shown in your records, the rental value of an apartment or a house, commissions, bonuses, pay for holidays, vacations, or periods of sickness, and payments made by you which otherwise are required by law to be paid by your employees. Remuneration received by a sole proprietor or partner shall not be included for premium purposes unless coverage has been elected previously. Remuneration received by corporate officers shall be included for premium charges unless coverage has been previously excluded.

Do not include payroll for a sole proprietor or partner.

PLAINTIFF'S EXHIBIT NO. TWELVE (2)

CASE NO.:

IDENTIFICATION: PAYROLL REPORT

ADMITTED:

SIGN THE CERTIFICATION ON  
THE FRONT PAGE AND MAIL  
THIS REPORT TO THE ADDRESS  
WHICH APPEARS TO THE RIGHT.

(31)

NYSIF DOCUMENT CONTROL CENTER  
1 WATERVLIET AVENUE EXTENSION  
ALBANY, NY 12206  
USA

If you have any questions please contact your NYSIF underwriter: Kelsey Raga by email at [kraga1@nysif.com](mailto:kraga1@nysif.com).

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

THE INFORMATION YOU PROVIDE IS PROTECTED BY THE PERSONAL PRIVACY PROTECTION LAW. THE AUTHORITY TO OBTAIN THE PERSONAL INFORMATION REQUESTED HEREIN IS FOUND IN SECTION 83 OF THE WORKERS' COMPENSATION LAW AS SUPPLEMENTED BY SECTIONS 450.1, 450.3 & 450.5 OF CHAPTERS VI OF TITLE 12(C) OF THE OFFICIAL COMPILATIONS OF CODES, RULES & REGULATIONS OF THE STATE OF NEW YORK. THE PRINCIPAL PURPOSE FOR WHICH THE INFORMATION IS SOUGHT IS TO ASSIST THE STATE INSURANCE FUND IN PROCESSING YOUR INSURANCE POLICY COVERAGE WITH THE STATE INSURANCE FUND & ITS RELEASE IS GOVERNED BY THE LIMITATIONS OF THE PERSONAL PRIVACY PROTECTION LAWS. THIS INFORMATION WILL BE MAINTAINED BY THE DIRECTOR OF UNDERWRITING, THE STATE INSURANCE FUND, 199 CHURCH STREET, NEW YORK, N.Y. 10007.

(597)11159690-1



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE  
328 STATE STREET  
SCHENECTADY, NY 12305  
(866) 298-7830

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

ROBERT C CASSIDY  
DBA MOUNTAIN TIME AUCTIONS ANTIQUES &  
MATTRESSES  
105 MONTCALM ST  
TICONDEROGA NY 12883-1354

WCB EMPLOYER #: 2905274  
UIER #: 52-35277  
FEIN/SS #: 475236656  
Penalty ID: 2016W0013351  
Penalty Amount: \$12,000.00

NOTICE OF PENALTY PURSUANT TO SECTION 52(5) OF THE WORKERS' COMPENSATION LAW

DATE: 06/02/2016

Based on information available to the New York State Workers' Compensation Board regarding ROBERT C CASSIDY (employer), the Board has determined that:

- \* Since 09/30/2015, the employer was required to provide workers' compensation insurance coverage for its employees.
- \* The Board has no record of coverage for the period 09/30/2015 to the present.

Therefore, the Workers' Compensation Board has determined that the employer is in violation of Workers' Compensation Law Section 52(5) for the period 09/30/2015 to the present. A penalty has been assessed for each 10 day period of non-compliance.

As of the date of this notice, the penalty against the employer (and, if incorporated, its President, Secretary, and Treasurer) totals \$12,000.00. The Board strongly recommends that you request a review of this penalty if you were not required to have a policy. You should also request a review, to possibly reduce the penalty amount, even if you were required to have a policy. Please follow the directions contained in this notice to request a review. This penalty will continue to increase for every 10 days of non-compliance.

You will receive a periodic statement from the Board that details your penalty status until you secure coverage and pay all penalties in full or demonstrate that the employer was not required to have coverage.

(Continued on reverse)

**PAYMENT INSTRUCTIONS**

In order to insure prompt credit of your payment, complete the information below and return this portion with your payment to:

WORKERS' COMPENSATION BOARD  
FINANCE OFFICE  
328 STATE STREET  
SCHENECTADY, NY 12305-2318

Please detach and return bottom portion with your payment.

MAKE CHECKS PAYABLE TO "UNINSURED EMPLOYERS FUND".  
PLEASE INCLUDE YOUR WCB EMPLOYER NUMBER ON YOUR CHECK.

Employer	ROBERT C CASSIDY	WCB Employer #	2905274
		Penalty ID	2016W0013351
		Check Amount	

PLAINTIFF'S EXHIBIT NO. THIRTEEN

CASE NO.:

IDENTIFICATION: \$12,000 PENALTY

ADMITTED:

(32)

ROBERT CRAIG CASSIO

1 JULY 2016

MOUNTAIN TIME AUCTIONS, ANTIQUES, AND MATTRESSES

105 MONTCALM STREET

TICONDEROGA, NEW YORK 12883

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

BUREAU OF COMPLIANCE

328 STATE STREET

SCHENECTADY, NY 12305

REFERENCE: \$12,000.00 PENALTY FOR ALLEGED  
NON-COMPLIANCE.

WE FORMALLY PROTEST AND APPEAL THE PENALTY  
LEVIED WITHOUT EVIDENTIARY HEARING ON  
THIS MATTER.

THIS BUSINESS HAS BEEN IN COMPLIANCE SINCE  
APRIL 10, 2015, AS THE ATTACHED "EXHIBIT ONE"  
SHOWS.

PREMIUMS HAVE BEEN PAID AND NO LESS THAN  
THREE U-3 FORMS HAVE BEEN FILED  
SINCE SEPTEMBER 2015.

PLAINTIFF'S EXHIBIT NO. FOURTEEN

CASE NO.:

IDENTIFICATION: APPEAL 1

ADMITTED:

(33)

APPARENTLY A "MR. DION" TERRIFIED DARLENE DORSETT OF THE L. STOCKTON MARTIN AGENCY ON FEBRUARY 11, 2016, AS SHE WROTE ME OF THE TELEPHONE CALL (EXHIBIT 2). "MR. DION" COULD NOT BE BOTHERED TO TELEPHONE ME AT MOUNTAIN TIME'S LISTED TELEPHONE NUMBER, 518 585-6795.

I PROMPTLY FILLED OUT MY THIRD FORM 4-3 AND SENT IT OFF TO MR. RICHARD HARLER IN THE STATE OF COLORADO.

THE NEW YORK STATE INSURANCE FUND (HEREINAFTER "NYSIF") FAILED AND NEGLECTED TO PROCESS THE CHANGE OF ADDRESS ON POLICY A 1351815-4 ON THE MARCH 10, 2016 BILL WHICH I PERSONALLY PAID APRIL 5, 2016, ON CHECK NUMBER 10163.

I MARKED THE REMITTANCE COUPON CHANGE OF ADDRESS BOX WITH AN "X" (EXHIBIT 5).

I FURTHER FILLED OUT THE CHANGE INFORMATION (EXHIBIT 6) ON THE COUPON BACK.

PLAINTIFF'S EXHIBIT NO. FIFTEEN

CASE NO.:

IDENTIFICATION: APPEAL 2

ADMITTED:

(34)

ONCE AGAIN ON THE MAY 10, 2016, BILLING  
(EXHIBIT 7) NYSIF FAILED AND  
NEGLECTED TO CHANGE THE ADDRESS,  
NOR DID NYSIF NOTIFY ME  
WHY IT DID NOT DO SO,  
THE \$220.46 AMOUNT DUE WAS PAID  
BY ME ON CHECK NUMBER 10178 ON  
MAY 28, 2016.

IN SEPTEMBER 2015 AND DECEMBER 2015  
I SUBMITTED FORMS U-3 TO THE  
BOARD. AS THESE WERE NOT  
RETURNED TO ME BY THE U.S. POSTAL  
SERVICE, I HAVE TO PRESUME  
NYSIF RECEIVED THEM AND IGNORED  
THEM.

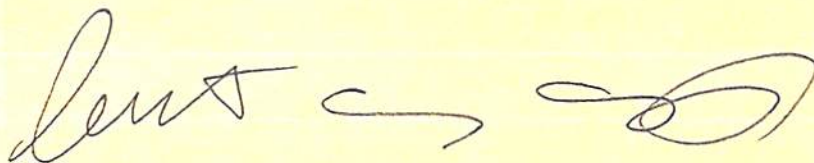
APPEAL 3  
EXHIBIT SIXTEEN

DURING LATE AUGUST I CHOSE TO  
PURCHASE THIS BUSINESS ON MONTCAH  
STREET (A SEVERELY ECONOMICALLY CHALLENGED  
STREET) IN TICONDEROGA (AN  
ECONOMICALLY CHALLENGED TOWN) AND  
ESSEX COUNTY (AN ECONOMICALLY CHALLENGED  
COUNTY). I HAVE INVESTED \$85,000.00  
AND LOST BETWEEN \$10,000 AND \$20,000  
OF MY OWN CAPITAL TRYING VERY  
HARD TO MAKE TICONDEROGA A  
BETTER AND STRONGER TOWN.  
A \$12,000 PENALTY (35) WILL BE FATAL

TO THOSE EFFORTS, BY THE WAY,  
ALL SALES TAX AND PAYROLL TAX  
DEPOSITS TO NEW YORK STATE HAVE  
BEEN PAID,

PERHAPS YOU COULD BE KIND ENOUGH  
TO TELL A SEVENTY-THREE YEAR  
OLD U.S. ARMY VETERAN WHAT  
CRIME I HAVE COMMITTED TO EARN  
A \$ 12,000 PENALTY?

I STRONGLY URGE THE BOARD TO  
RESCIND THE PENALTY IN TOTAL  
AS I HAVE CARRIED WORKMAN'S COMPENSATION  
INSURANCE IN FORCE THE ENTIRE  
TIME I HAVE MANAGED THIS BUSINESS  
AND I HAVE MADE SEVERAL GOOD  
FAITH EFFORTS TO CAUSE THE NYSIF  
TO CHANGE THE BUSINESS ADDRESS,



ROBERT CRAIG CASSIOY

PLAINTIFF'S EXHIBIT NO. SEVENTEEN  
CASE NO.:  
IDENTIFICATION: APPEAL 4  
ADMITTED:

(36)



**Workers'  
Compensation  
Board**

KENNETH J MUNNELLY  
Chair

ANDREW M. CUOMO  
Governor

**WORKERS COMPENSATION**

October 07<sup>th</sup>, 2016

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA NY 12883-1354

Emp#: 2905274  
Period of Non-compliance: 09/30/15 to Date  
Penalty Amount: \$18,000.00  
Penalty Order #: 2016W0013351  
FMIS#: 1846275

Dear Sir or Madam:

Your correspondence regarding the above cited penalty for failure of an employer to provide Workers Compensation coverage as required by Workers Compensation Law has been received for review by the Penalty Review Unit. After a review of the submitted material, the Board has determined that you are subject to the coverage requirements of the WCL. However, the Board is unable to consider your request for re-determination for the following reason:

The employer is currently not in compliance with the requirements for coverage under the Workers Compensation Law for the above period. **No proof of coverage has been received from your insurance company. Your policy with State Insurance Fund is still under your old Federal ID#.**

Please be advised that if you are subject to the Workers Compensation Law and have not obtained Workers Compensation coverage, penalties will be issued for all periods in which coverage was not in effect.

Please advise **your NYS Workers' Compensation Insurance carrier. THE STATE INSURANCE FUND** to submit your coverage information electronically. This carrier should report this policy using your correct Federal ID# **475233656**.

Penalty Review Unit (NEG)

PLAINTIFF'S EXHIBIT NO. EIGHTEEN

CASE NO.:

IDENTIFICATION: 10/7/2016 REJECTION

ADMITTED:

(37)

1803 Rocky River Road North  
Monroe, NC 28110

1659671222 000210 000210 000001/000001  
ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

5E72324E5 19 KHS-NGB 12883

12-27-16 CH

PRESORTED  
FIRST CLASS



USPS  
50039  
DEC 23 2016  
11:15 AM  
NEW YORK, NY



PLAINTIFF'S EXHIBIT NO. NINETEEN

CASE NO.:

IDENTIFICATION:

Pioneer Postmark 12/23/16

ADMITTED:

PLAINTIFF'S EXHIBIT NO. Twenty  
CASE NO.:  
IDENTIFICATION: NY Board Postmark 12/23/16  
ADMITTED: \_\_\_\_\_

G-5 Bulk (7-96)

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

RECEIVED 12/23/16



Return Service Requested  
Bureau of Compliance  
328 State St  
Schenectady, NY 12305-2318



07691183/0000  
12/23/2016  
\$00.37  
42.23.2016  
FIRST-CLASS MAIL

(39)

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

PLAINTIFF'S EXHIBIT NO. TWENTY-ONE  
CASE NO.:  
IDENTIFICATION: NYBOARD 12/21/2016  
ADMITTED: \_\_\_\_\_

NEW YORK STATE WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE

Please Note:

This statement represents penalties and assessments related to workers' compensation insurance. You may receive a separate statement if you owe penalties and assessments related to disability benefits insurance.

Past due accounts are subject to referral to collection agencies (along with a 22 percent collection fee) and the filing of a judgement. Recent activity may not appear on this statement. Such activity will appear on future statements.

If you have an approved payment plan covering one or more of the sections on the attached billing statement, and are paid up to date, please continue to pay the monthly amount due on the payment plan rather than the total due. If there are any penalties or claims listed that are not included in your payment plan, please contact the Bureau of Compliance at (866) 298-7830.

- **MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: Uninsured Employer's Fund.**
- **MAKE SURE YOUR FMIS ACCOUNT NUMBER, 1846275, IS ON YOUR CHECK OR MONEY ORDER.**
- **MAKE SURE YOU SIGN YOUR CHECK.**
- **The Finance Office Address listed at the bottom of this page is for payment only.**
- **Any correspondence should be mailed to:**

NYS WORKERS' COMPENSATION BOARD  
FINANCE OFFICE, ASSESSMENT UNIT  
328 STATE ST, RM 331  
SCHENECTADY, NY 12305

IN ORDER TO ASSURE PROMPT CREDIT SEND YOUR  
PAYMENT ALONG WITH THIS PORTION OF THE FORM

NYS WORKERS' COMPENSATION BOARD  
FINANCE OFFICE, ASSESSMENT UNIT  
328 STATE ST, RM 331  
SCHENECTADY, NY 12305

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:  
**Uninsured Employers Fund.** PLEASE INCLUDE YOUR FMIS  
ACCOUNT NUMBER 1846275 ON YOUR CHECK. ITEMS ON  
THIS STATEMENT ARE PAYABLE UPON RECEIPT.

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

STATEMENT DATE: December 21, 2016  
WCB EMPLOYER NUMBER: 2905274  
FMIS ACCOUNT NUMBER: 1846275  
Total Due: \$22,000.00

Total Enclosed: \$

Payment Address:  
Pioneer Credit Recovery, Inc.  
P.O. Box 345  
Arcade, NY 14009



26 EDWARD STREET, ARCADE, NY 14009  
Phone: 1-844-476-0556  
Fax: 1-877-653-2839

Hours of Operation: EST/EDT  
Mon-Thursday 8:00A.M. – 9:00P.M.  
Friday 8:00A.M. – 5:00P.M.  
Saturday 8:00A.M. – 12:00P.M.

Correspondence Address:  
Pioneer Credit Recovery, Inc.  
P.O. Box 308  
Perry, NY 14530

Pay online: <http://myac>

12/21/2016

RE: New York State Workers' Compensation Board  
Account Number: 13029657  
WCB Employer Number: 2905274  
Balance Due: \$22,000.00

Dear ROBERT C CASSIDY:

PLAINTIFF'S EXHIBIT NO. TWENTY-TWO  
CASE NO.:  
IDENTIFICATION: Pioneer 12/21/2016  
ADMITTED:

The New York State Workers' Compensation Board referred your account to our agency for collection. Your delinquent fines and fees totaling \$22,000.00 are due in full. Please send payment to Pioneer Credit Recovery, Inc., along with the attached payment coupon, or you may pay via telephone, toll free at 1-844-476-0556.

Failure to resolve your debt may result in the filing and execution of a judgment against you and/or your business as allowed under the Workers' Compensation Law and New York Civil Practice Law and Rules enforceable by The New York State Workers' Compensation Board. A judgment against you and/or your business is a matter of public record. Please take this opportunity to resolve your account voluntarily.

The Workers' Compensation Board has also informed us that you are subject to the following:

- 1) A 22% debt collection fee on the unpaid balance forwarded by the Board to Commercial Collection Agencies under New York State Finance Law Section 18.
- 2) Interest on past due non-tax debt at a rate equal to the corporate underpayment rate set by the Department of Taxation and Finance.
- 3) Interest will accrue at the legal rate of 9% on all claims for which the Board files judgment. The Board may file and execute a judgment without further notice to the employer as allowed under the Workers' Compensation Law and New York Civil Practice Law and Rules.

The Workers' Compensation Board has also determined that you are required to procure and maintain mandatory workers compensation and disability benefits insurance. If you believe that you are entitled to a rescission of the penalties assessed because you were exempt from maintaining insurance, you must forward evidence to us.

PLEASE SEE NEXT PAGE FOR IMPORTANT INFORMATION.

~~PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU!~~

Please see next page if you would like to pay by credit card or pay online <http://myaccount.pioneercreditrecovery.com>



1803 Rocky River Road North  
Monroe, NC 28110

Borrower: ROBERT C CASSIDY  
Account Number: 13029657  
Total Current Balance: \$22,000.00

Please call us if you have a new address or telephone number.

01001

Pioneer Credit Recovery, Inc.  
P.O. Box 345  
Arcade, NY 14009

(41)

1699671222 000210 000210 000001/000001

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354



PLAINTIFF'S EXHIBIT NO.

TWENTY-THREE

CASE NO.:

IDENTIFICATION:

PLAYERS IN THE SYSTEM (1)

ADMITTED:

## Employers / Businesses

(/content/main/Employers/Employers.jsp)

### Workers' Compensation Coverage

#### The Players in the System - Who Does What



- New York State Workers' Compensation Board
- New York State Insurance Department
- Compensation Insurance Rating Board (CIRB (Compensation Insurance Rating Board))
- Insurers
- New York State Department of Labor

To understand the workers compensation system, an employer or employee must first understand all the parties that are responsible for the process.

#### New York State Workers' Compensation Board

The first major player, the Workers' Compensation Board (Board), was established to administer the New York State Workers' Compensation Law (WCL (Workers' Compensation Law)). It is responsible for the adjudication of claims and ensuring that employers provide the required coverage to their employees. The mission statement of the agency reads,

The mission of the Workers' Compensation Board is to equitably and fairly administer the provisions of the New York State Workers' Compensation Law, including Workers' Compensation Benefits, Disability Benefits, Volunteer Firefighters' Benefits, Volunteer Ambulance Workers' Benefits § Volunteer Civil Defense Workers' Benefits Law on behalf of our customers, New York's injured workers and their employers.

The Board administers the programs and laws of New York State in a fair and equitable fashion. The Board receives and processes claims and initially seeks to facilitate expedient agreements between injured workers and employers. When a consensus cannot be reached through administrative measures, it becomes necessary for the Board to conduct hearings before a Workers' Compensation Law Judge (Judge). Evidence and testimony are gathered and analyzed prior to the rendering of a decision by the Judge. While the decisions by Judges are binding, parties may seek administrative review of the Judge's decision to the Administrative Review Division. In such a case, a panel of three Board Commissioners will rule on the validity of the Judge's decision. Failing a unanimous decision by the panel, a mandatory full Board review by all thirteen Commissioners may be requested within 30 days of the filing date of the Board panel's decision. In addition, when the decision of the panel is unanimous, a party may seek discretionary full Board review. When a party files a discretionary full Board application, the Board has the option to grant or deny full Board review. The decision of the full Board may be further appealed to the State Appellate Division, Third Department (WCL §23).

(42)

CIRB also develops experience modification factors for employers with premiums in excess of \$5,000; and establishes the rules for the underwriting of workers' compensation.

For more information, call 1-800-353-5355 or at [www.cirb.ny.gov](http://www.cirb.ny.gov)

(CIRB) at 212-697-

PLAINTIFF'S EXHIBIT NO. TWENTY-THREE (2)  
CASE NO.:  
IDENTIFICATION: PLAYERS IN THE SYSTEM (2)  
ADMITTED:

### Insurers

Insurers are the fourth major player in the workers' compensation system and are comprised of private insurance carriers, the State Insurance Fund, self-insured employers and employers that are participating in group self-insurance.

### **Private Insurance Carriers**

Private insurance carriers collect premiums from employers to pay for the claims and related medical expenses of employees who are injured on the job. Over 200 private insurance carriers are currently authorized by the Insurance Department to provide workers' compensation insurance to employers.

### **State Insurance Fund**

The State Insurance Fund (SIF) is a not-for-profit agency of the State of New York that was established pursuant to the WCL in 1914 to provide a guaranteed source of workers' compensation insurance coverage at the lowest possible cost to employers within New York State (WCL §76 - 100). Despite its State agency status, SIF is a self-supporting insurance carrier that competes with private insurers. Just like any insurance carrier, SIF collects premiums from employers to pay for the claims and related medical expenses of employees who are injured on the job. The premiums are required by law to be fixed at the lowest possible rates. SIF must provide insurance to any employer seeking coverage, regardless of the employer's type of business, safety record or size. However, if an employer owes SIF money from a previous bill or account, SIF may deny coverage.

SIF is a totally separate and distinct entity from the NYS Workers' Compensation Board.

### **Self-Insurers**

An employer qualifies as a self-insurer by furnishing to the Chair of the Board satisfactory proof of its financial ability to pay compensation. Employers who wish to self-insure may do so in one of two ways:

1. by becoming an individual self-insurer or
2. by becoming a member of a self-insured group.

Individual self-insurance is primarily used by larger employers who can meet the significant financial standards to self-insure in their own right. Every individual self-insurer must post with the Board a security deposit equal to their outstanding indemnity and medical obligations. These deposits can take the form of a surety bond, letter of credit, cash and/or certain types of securities. The amounts posted are updated every year. In the event that the employer defaults on its obligations the deposit will be used by the Board to ensure claimants receive the benefits to which they are entitled.

PLAINTIFF'S EXHIBIT NO. TWENTY-FOUR

CASE NO.:

IDENTIFICATION: \$ 22,500 PENALTY (1)

ADMITTED: \_\_\_\_\_

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

**NEW YORK STATE WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE**

Please Note:

This statement represents penalties and assessments related to workers' compensation insurance. You may receive a separate statement if you owe penalties and assessments related to disability benefits insurance.

Past due accounts are subject to referral to collection agencies (along with a 22 percent collection fee) and the filing of a judgement. Recent activity may not appear on this statement. Such activity will appear on future statements.

If you have an approved payment plan covering one or more of the sections on the attached billing statement, and are paid up to date, please continue to pay the monthly amount due on the payment plan rather than the total due. If there are any penalties or claims listed that are not included in your payment plan, please contact the Bureau of Compliance at (866) 298-7830.

- **MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: Uninsured Employer's Fund.**
- **MAKE SURE YOUR FMIS ACCOUNT NUMBER, 1846275, IS ON YOUR CHECK OR MONEY ORDER.**
- **MAKE SURE YOU SIGN YOUR CHECK.**
- **The Finance Office Address listed at the bottom of this page is for payment only.**
- **Any correspondence should be mailed to:**

NYS WORKERS' COMPENSATION BOARD  
FINANCE OFFICE, ASSESSMENT UNIT  
328 STATE ST, RM 331  
SCHENECTADY, NY 12305

IN ORDER TO ASSURE PROMPT CREDIT SEND YOUR  
PAYMENT ALONG WITH THIS PORTION OF THE FORM

NYS WORKERS' COMPENSATION BOARD  
FINANCE OFFICE, ASSESSMENT UNIT  
328 STATE ST, RM 331  
SCHENECTADY, NY 12305

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:  
**Uninsured Employers Fund.** PLEASE INCLUDE YOUR FMIS  
ACCOUNT NUMBER **1846275** ON YOUR CHECK. ITEMS ON  
THIS STATEMENT ARE PAYABLE UPON RECEIPT.

ROBERT C CASSIDY  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

STATEMENT DATE: February 14, 2018  
WCB EMPLOYER NUMBER: 2905274  
FMIS ACCOUNT NUMBER: 1846275

**Total Due: \$22,500.00**

**Total Enclosed: \$**



**NEW YORK STATE WORKERS' COMPENSATION BOARD**  
**BUREAU OF COMPLIANCE**

BILLING STATEMENT FOR: **ROBERT C CASSIDY**

**ROBERT C CASSIDY**  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

**WCB EMPLOYER NUMBER:** 2905274  
**FMS Account Number:** 1846275  
**Statement Date:** February 14, 2018  
**Statement Group:** 15

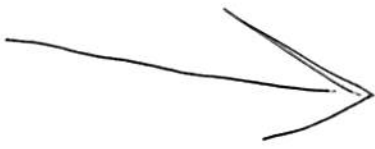
**SECTION A.** This section lists all outstanding penalties issued against you for non-compliance with the Workers' Compensation Law. Violation found under Section 52(5)

Penalty Order #	Description	Penalty Period	Opening Balance	New Charges	Adjustments	Payments Received	Closing Balance
2016W0013351	Penalty for not having Workers' Compensation Insurance	09/30/2015 - 12/31/2016	22,500.00	0.00	0.00	0.00	22,500.00

**SUMMARY SECTION**

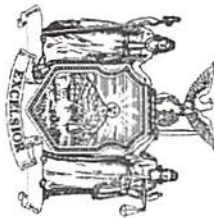
Summary Total of Activity	Opening Balance	New Charges	Adjustments	Payments Received	Total Due
	22,500.00	0.00	0.00	0.00	22,500.00

\* The Total Due in Summary Section includes \$22,500.00 net due in judgments obtained in New York State Supreme Court



PLAINTIFF'S EXHIBIT NO. TWENTY-FOUR  
CASE NO.: \_\_\_\_\_  
IDENTIFICATION: \$ 22,500 PENALTY (2)  
ADMITTED: \_\_\_\_\_

(45)



**NEW YORK STATE WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE**

BILLING STATEMENT FOR: **ROBERT C. CASSIDY**

**ROBERT C. CASSIDY**  
105 MONTCALM ST  
TICONDEROGA, NY 12883-1354

**WCB EMPLOYER NUMBER:** 2905274  
**FMS Account Number:** 1846275  
**Statement Date:** February 14, 2018  
**Statement Group:** 15

**SECTION A.** This section lists all outstanding penalties issued against you for non-compliance with the Workers' Compensation Law. Violation found under Section 52(5)

Penalty Order #	Description	Penalty Period	Opening Balance	New Charges	Adjustments	Payments Received	Closing Balance
2016W0013351	Penalty for not having Workers' Compensation Insurance	09/30/2015 - 12/31/2016	22,500.00	0.00	0.00	0.00	22,500.00

**SUMMARY SECTION**

Summary Total of Activity	Opening Balance	New Charges	Adjustments	Payments Received	Total Due
	22,500.00	0.00	0.00	0.00	22,500.00

\* The Total Due in Summary Section includes \$22,500.00 not due in judgments obtained in New York State Supreme Court



PLAINTIFF'S EXHIBIT NO. Twenty-five  
CASE NO.:  
IDENTIFICATION: NYS JUDGE  
ADMITTED:

(46)

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days of receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt and mail you a copy of such verification.

This is an attempt, by a debt collector, to collect a debt and any information obtained will be used for that purpose.

As of the date of this letter, the balance shown is owed. Because interest may be required to be paid on the outstanding portion of the balance, as well as late charges and other charges that may vary from day to day, the amount required to pay the balance in full on the day payment is sent may be greater than the amount stated here. If the amount stated here is paid, an adjustment may be necessary after a payment is received. In that event, notification will occur of any adjustment in the balance. Before any payment intended to pay the balance in full happens, please contact us at the address on this letter, or call 1-844-476-0556.

Ref Num	Creditor	Principal	Interest	Other	Collect Charge	Court Cost	Penalty	Atty Fee
2016W001335 1	NYS Workers' Compensation Board-Workers Comp	\$22,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

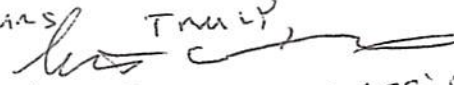
23 JANUARY 2017

I ACKNOWLEDGE RECEIPT OF THIS DOCUMENT ON  
27 DECEMBER 2016,

I DISPUTE THE VALIDITY OF THIS DEBT.

PLEASE OBTAIN VERIFICATION OF THIS DEBT AND  
MAIL ME A COPY OF SUCH PURPORTED VERIFICATION

CERTIFIED MAIL  
7011 1570 0002 6410 1518


Yours Truly,  
  
ROBERT C. CASSIDY  
105 MONTCALM STREET  
TICONDEROGA, N.Y. 12883

ACCOUNT HOLDER: ROBERT C CASSIDY  
ACCOUNT NUMBER: 13029657

CURRENT AMOUNT DUE: \$22,000.00

☐ PAYMENT ENCLOSED: Check Amount \$: \_\_\_\_\_ (make checks payable to Pioneer Credit Recovery, Inc.)

I hereby authorize Pioneer Credit Recovery, Inc. to initiate an ACH withdrawal or credit charge from my bank account or credit card as shown below.

☐ CHARGE MY:  Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ (One-time payment only. Please contact us to make multiple payments.)

Card Holder Name: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Billing address (if different from mailing address): \_\_\_\_\_ Phone: \_\_\_\_\_

☐ WITHDRAW FROM MY BANK ACCOUNT-ACH: (For authorization, please complete the form below and sign. Or, you may attach a voided check or voided savings deposit slip from your bank account and sign below.)

PLAINTIFF'S EXHIBIT NO. TWENTY-SIX

CASE NO.:

IDENTIFICATION: PIONEER VALIDITY

ADMITTED:

Account #: \_\_\_\_\_

(One-time payment only. Please contact us to make multiple payments.)

der Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_